

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant(s)

10/591235

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
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48								98					
49								99					
50								100					
TOTAL IND.			↓	↓	↓			TOTAL IND.		↓			
TOTAL DEP.			←	←	←			TOTAL DEP.		↓			↓
TOTAL CLAMS			████████	████████	████████			TOTAL CLAMS		←			←